

Mail to:
California Department of Education
Education Technology Office
515 L Street, Suite 250
Sacramento, CA 95814
Attention: DHS Certification of Eligibility

FAX To: (916) 323-5110 or (916) 323-5102

Due Date: Thursday, September 21, 2000

I hereby certify that the governing board:

1. will meet program requirements related to a technology installation grant;
2. will meet the local match requirements related to a technology installation grant;
3. the priority listing of school sites indicated are eligible to receive technology installation grants and that those sites meet the definitions of a separate school site as defined by Education Code Section 52255.
- 4a. the required combinations (Education Code Section 52254(d)) states that "continuation schools, opportunity schools, educational centers, community day schools, and special education programs" that "are located on the same site as, on a site adjacent to, or across the street from, a comprehensive high school, shall be included, for application and funding purposes, with the comprehensive high school."
- 4b. optional combinations-some sites, for technological and programmatic reasons, may be combined, however, two comprehensive high schools cannot be combined with each year. Combined schools are required to submit a combined application and will be funded jointly.

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County Code	LEA Code	LEA Name
01	61176	Fremont Unified

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Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment
	<input type="checkbox"/>	0130534	The Circle of Independent Learning	32	<input type="checkbox"/>	

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01	61259	Oakland Unified

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_____	<input type="checkbox"/>	6098701	Bunche/Whitton (Tr/Oh)	109	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	6114011	Laney Middle (Opportunity)	2	<input type="checkbox"/>	_____

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03	10033	Amador Co. Office of Education

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	<input type="checkbox"/>	0330068	Special Education	36	<input type="checkbox"/>	

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04	61424	Chico Unified

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	<input type="checkbox"/>	6113310	Center for Alternative Learning	43	<input type="checkbox"/>	

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04	Charter School	Paradise Unified

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	<input type="checkbox"/>	6112585	Hometeach Charter (Alt)	18	<input type="checkbox"/>	

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05	10058	Calaveras Co. Office of Education

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	<input type="checkbox"/>	0530048	Juvenile Hall/Community	164	<input type="checkbox"/>	

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06	10066	Colusa Co. Office of Education

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	<input type="checkbox"/>	6069264	Special Education	15	<input type="checkbox"/>	

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06	61598	Colusa Unified

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	<input type="checkbox"/>	0630046	Colusa Alternative Home	37	<input type="checkbox"/>	

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07	10074	Contra Costa Co. Off. of Education

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	<input type="checkbox"/>	6077168	Special Education	234	<input type="checkbox"/>	

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09	10090	El Dorado Co. Office of Education

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New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment
	<input type="checkbox"/>	6069470	Special Education	26	<input type="checkbox"/>	

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11	10116	Glenn Co. Office of Education

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_____	<input type="checkbox"/>	1130079	Alternative/Opportunity	32	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	6077184	Special Education	67	<input type="checkbox"/>	_____

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12	10124	Humboldt Co. Office of Education

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_____	<input type="checkbox"/>	6077192	Special Education	40	<input type="checkbox"/>	_____

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12	63040	Southern Humboldt Joint Unified

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	<input type="checkbox"/>	1230069	Osprey Learning Center (Alter)	40	<input type="checkbox"/>	

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12	Charter School	Mattole Unified

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_____	<input type="checkbox"/>	1230135	Mattole Valley Charter (#159) Alt	73	<input type="checkbox"/>	_____

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- 4b. optional combinations-some sites, for technological and programmatic reasons, may be combined, however, two comprehensive high schools cannot be combined with each year. Combined schools are required to submit a combined application and will be funded jointly.

Printed Name of Contact Person: _____ **Phone:** _____

Signature of Superintendent or Local Governing Board Representative: _____ **Date:** _____

<i>County Code</i>	<i>LEA Code</i>	<i>LEA Name</i>
13	10132	Imperial Co. Office Of Education

If no change, leave blank

Indicate only if changed. If there is a new combination, enter a "C", a new priority, and clarify in the narrative section

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>	<i>Column 4</i>	<i>Column 5</i>	<i>Column 6</i>	<i>Column 7</i>
<i>New Combined Status</i>	<i>Alternative School Location</i>	<i>School Code</i>	<i>School Name</i>	<i>Oct. 99 CBEDS Enrollment</i>	<i>Want to participate in the DHS Program</i>	<i>October 2000 Estimated Enrollment</i>
_____	<input type="checkbox"/>	6069272	Special Education	198	<input type="checkbox"/>	_____

ATTENTION: This list only includes sites that were not previously eligible to participate in the DHS Program.

Should any of the site(s) listed above elect to combine with a previously selected site, please use this area to provide any explanation.

This area is for any explanation or clarification you may have regarding your schools:
